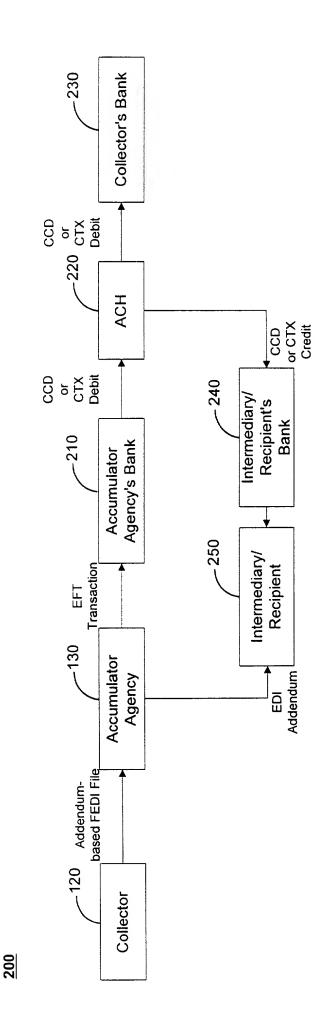
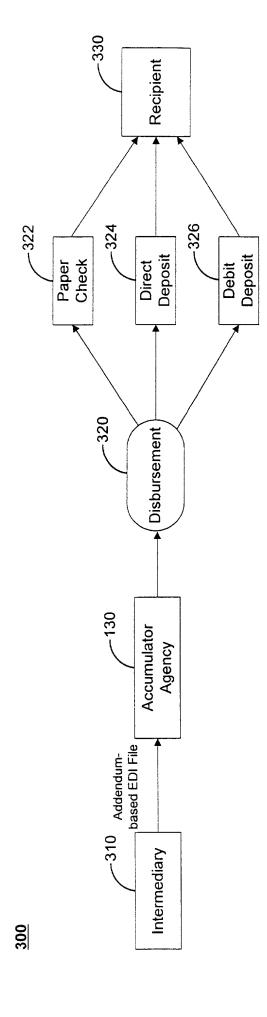
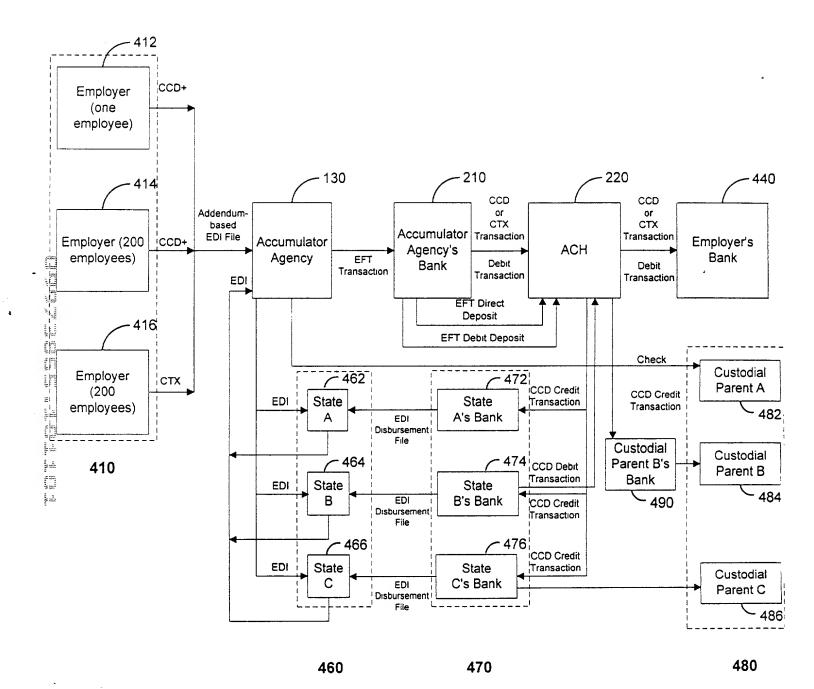


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FIGURE 2

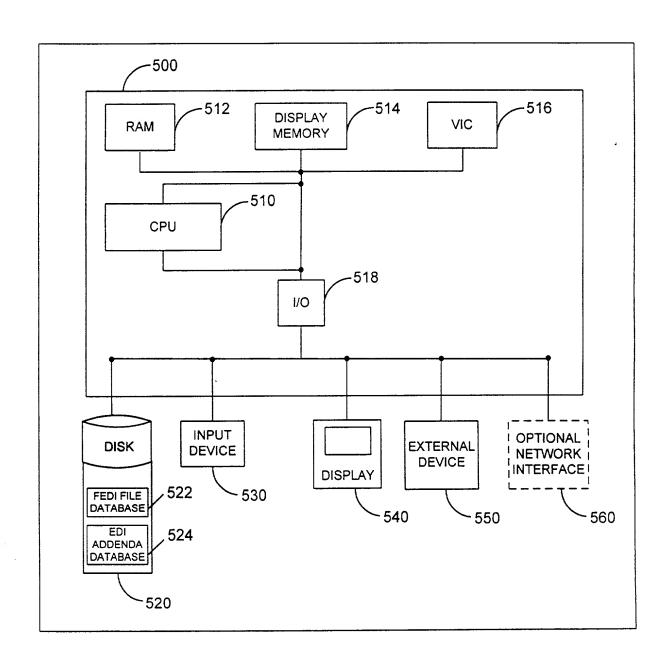


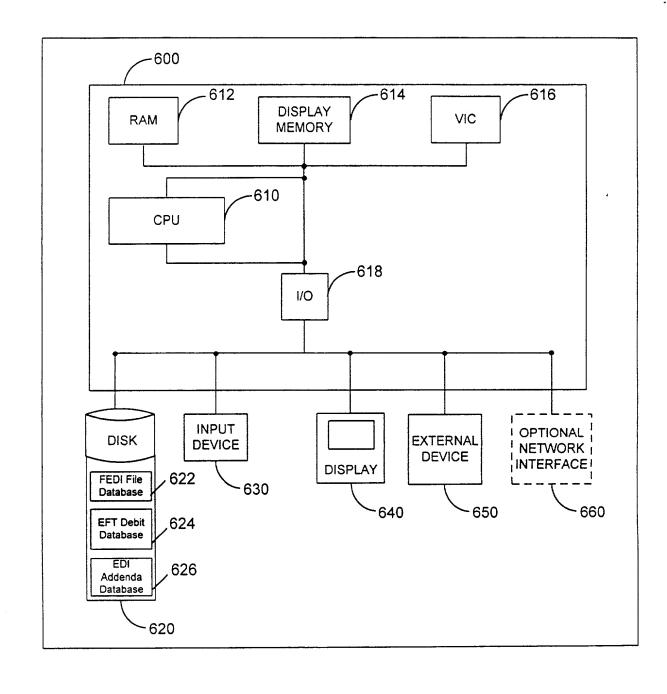


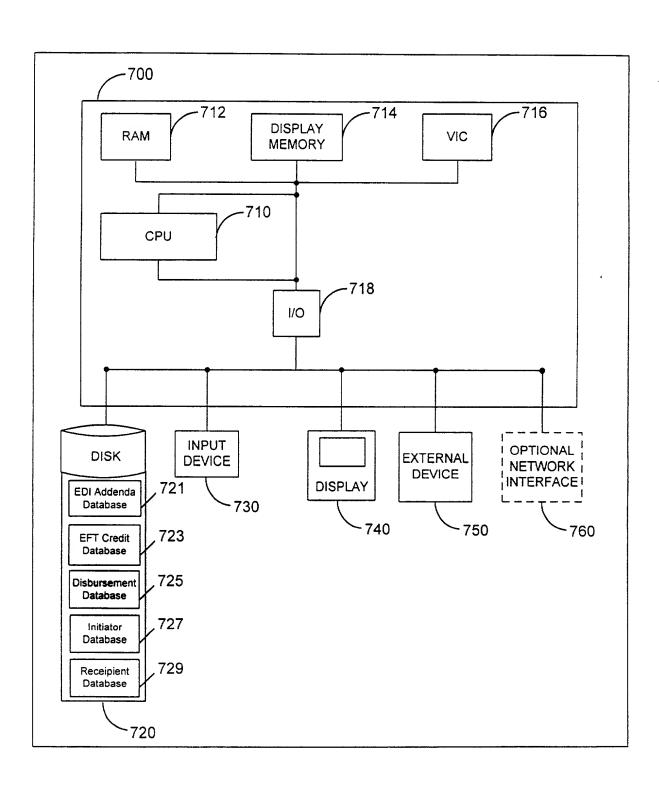


### FIGURE 5

### 120







	6	Decretionery Data	0	Alphammark
	8	Receiving Company Name	œ	Alphanument
8A	2	ldertification Number	0	Alphanumeric
FIGURE 8A	9	Amount	Σ	11111111164
L <u>l</u>	5	OFI Account Number	ж	Alphanument
•	4	Check	Σ	Numeric
	3	Receiving DF1 Identification	Σ	TTTAAAA
	2	Transaction Code	¥	Numeric
	1	Record Type Code	Σ	lo

Trace Number

Addenda Record Indicator

=

유

### FIGURE 8B

80-94

79-79

77-76 8

92-59

40-54 15

30-39 10

13-39 17

12-12

04-11 æ

02-03

01-01

Position

Length

Field Inclusion Requirement

Contents

DATA ELEMENT NAME

FIELD

22

15

Numeric Σ

Numeric

Σ

13	Trace	Σ	Numeric	15	80-94
12	Addenda Record Indicator	Σ	Numeric	-	79-79
11	Discretionar y Oats	0	Alphanomet	2	87-77
10	Reserved	N/A	Blank	2	75-76
6	Receiving Company Name/D Number	ĸ	Alphanomak	16	59-74
8	Number of Addende Recorde	æ	Numeric	4	55-58
7	ide ritifiçation Number	0	Alphanumerlo	15	40-54
9	Total	W	2055555555	10	30-39
5	DF1 Account Number	R	Alphanumark	17	13-39
4	Check	W	Numeric	1	12-12
3	Receiving Of 1 Identification	W	TTTAAAA	8	04-11
2	Transaction Code	W	Numeric	2	02-03
-	Record Type Code	¥	و	-	01-01
FIELD	DATA ELEMENT NAME	Field Inclusion Requirement	Contents	Length	Position

# Hell dead hear the course hear hear hear and the hear after the second order hear after the course hear after

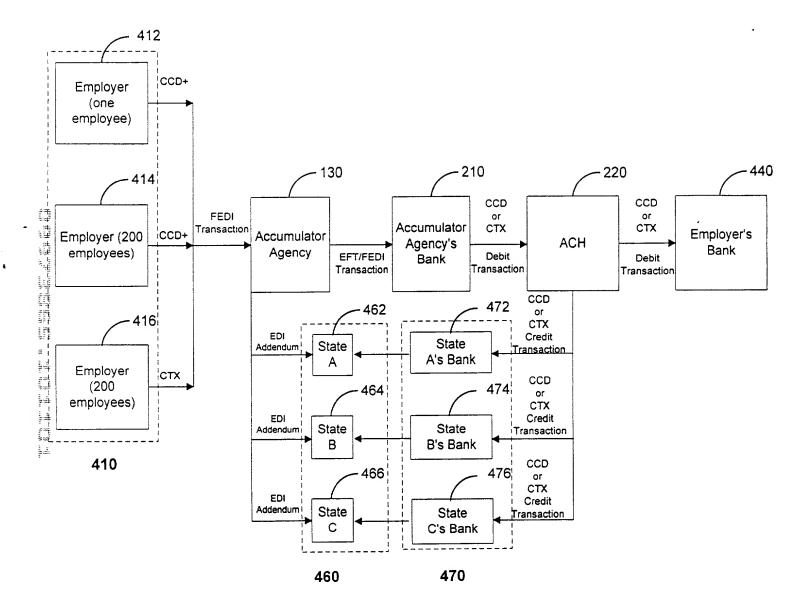
## FIGURE 9A

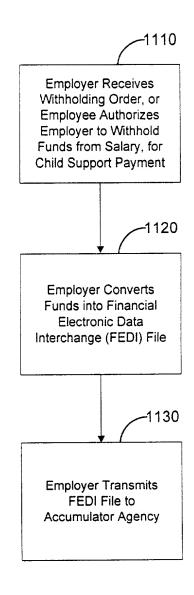
FIELD	+	2	r	4	5
DATA ELEMENT NAME	RECORD TYPE RECORDING	ADDENDA TYPE CODE	PAYMENT RELATED INFORMATION	ADDENDA SEQUENCE NUMBER	ENTRY DETAIL SEQUENCE NUMBER
Field Inclusion Requirement	Σ	×	0	Σ	Σ
Contents	.2.	.0 5'	Alphanumeric	Numeric	Numeric
Length	1	2	80	4	7
Position	01-01	02-03	04-83	84-87	88-94

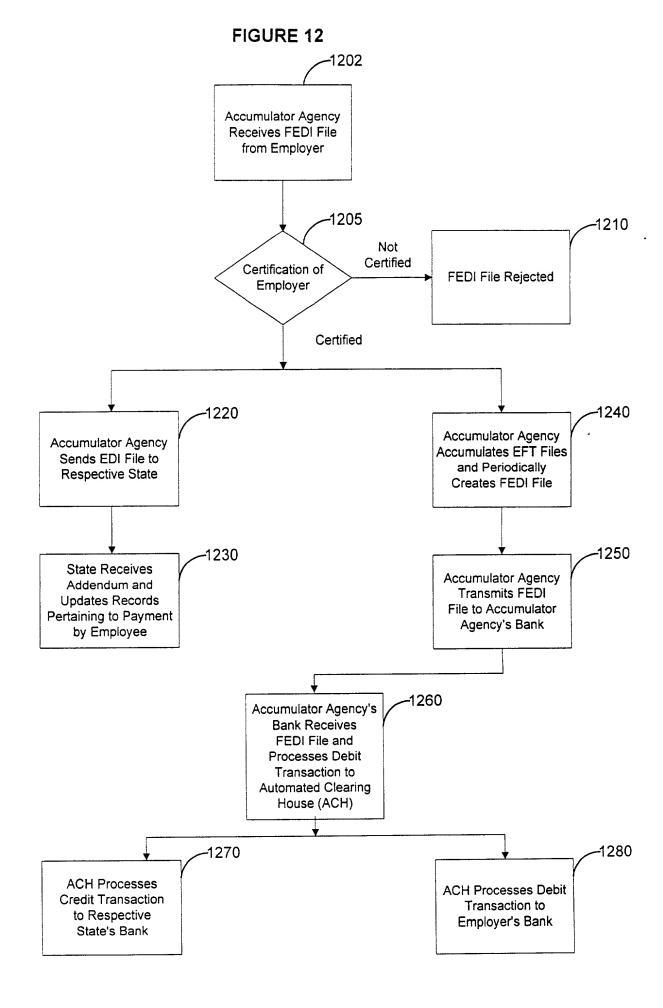
# Full Filter Filt

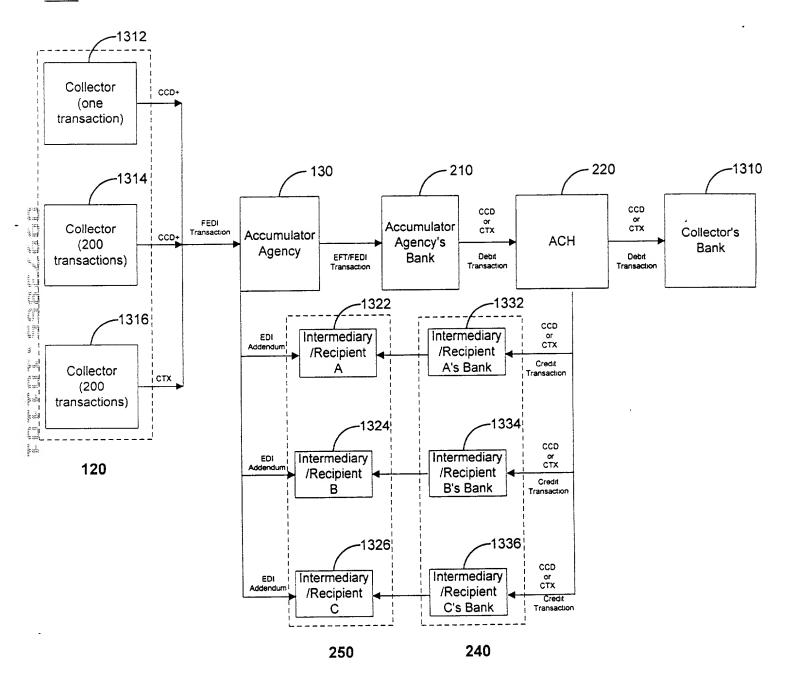
Element	Comments	Content	A	Attributes	S
			1	2	3
	Segment Identifier	DED	Σ	Q)	3/3
DED01	Application Identifier	cs	Σ	ID	2/2
DED02	Case Identifier	xxxxxxxx	Σ	AN	1/20
DED03	Pay Date	YYMMDD	Σ	DT	9/9
DED04	Payment Amount	\$\$\$\$\$\$\$CC	Σ	N2	1/10
DED05	Non-Custodial Parent Social Security Number	XXXXXXXX	Σ	AN	6/6
DED06	Medical Support Indicator	'Y' - Yes, 'N' - No	Σ	AN	1/1
DED07	Non-Custodial Parent Name	XXXXXXXXX	0	AN	1/10
DED08	FIPS Code	xxxxxx	0	AN	2//
DED09	Employment Termination Indicator	'Y' - Yes	0	AN	1/1

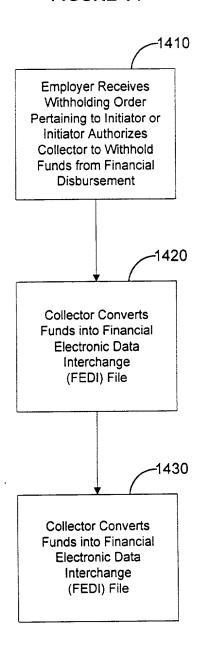
### 1000











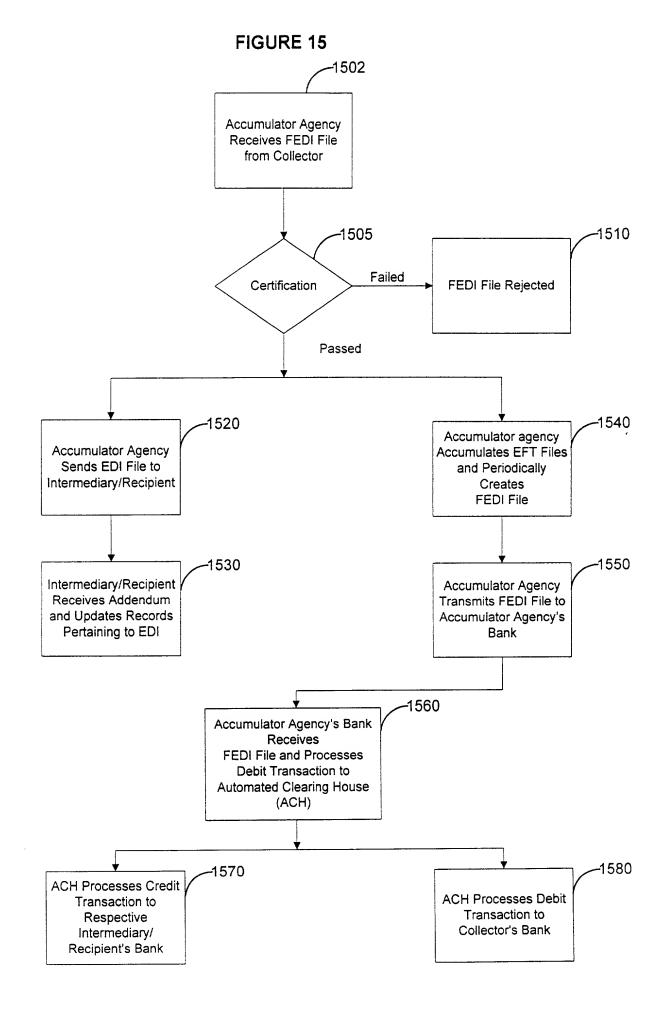
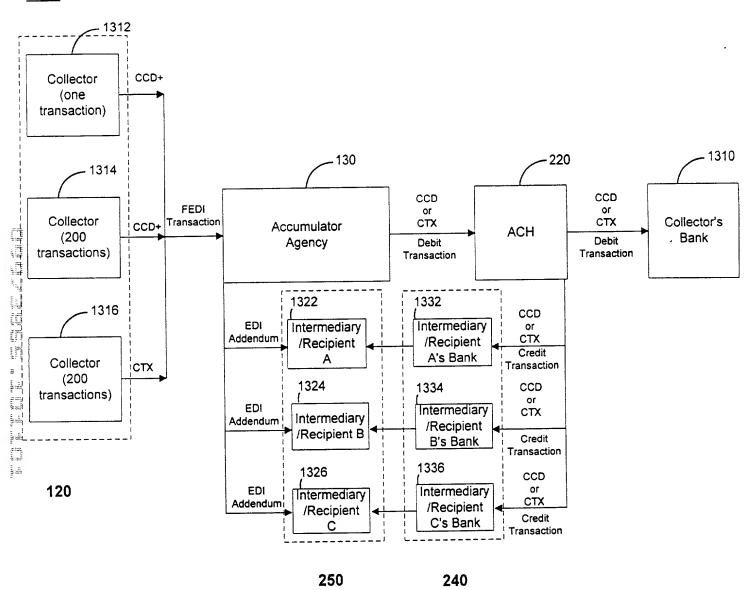
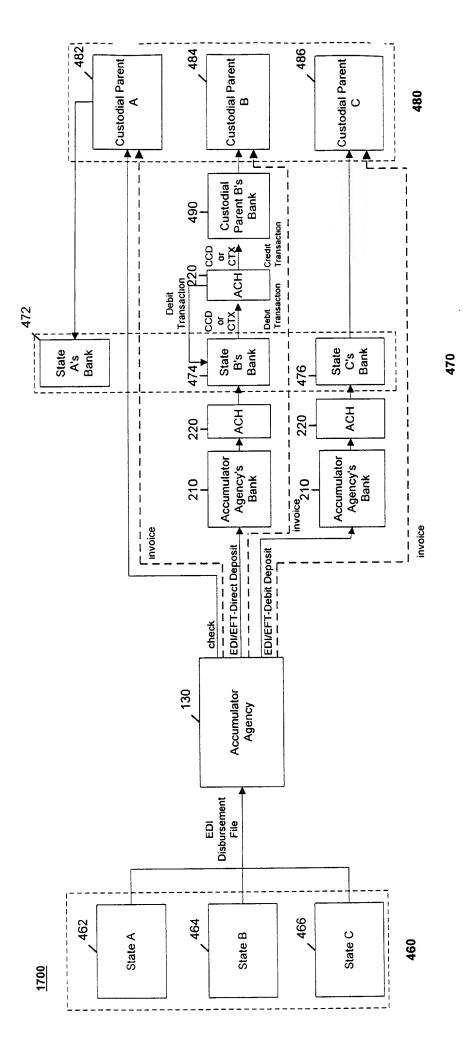


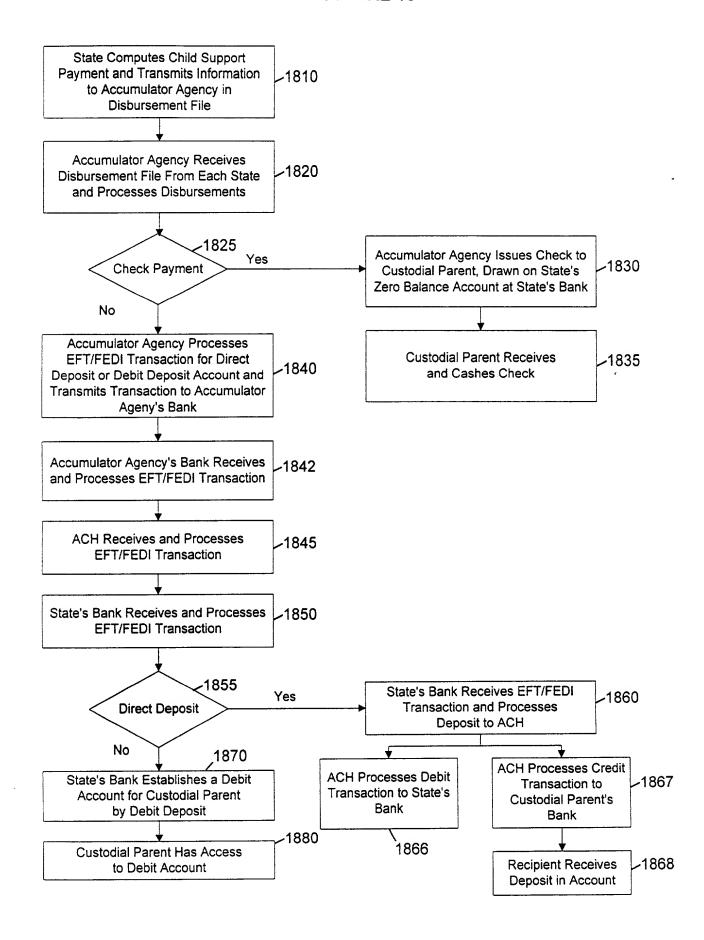
FIGURE 16







**FIGURE 17** 



**FIGURE 19** 

